



SEP 19 2006

PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 1279-277	
Application Number <u>09/831843</u>		Filed December 1, 2000	
For ENHANCED WAVEFORM INTERPOLATIVE CODER			
Art Unit 2628		Examiner Vijay B. Chawan	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3881</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>20,121</u>			
 Signature <u>Robert Berliner</u> Typed or printed name		<u>September 19 2006</u> Date <u>(213) 533-4171</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

Two Month Request for Extension of Time Under 37 CFR 1.136(a)	
I hereby certify that this correspondence is faxed to the Commissioner for Patents, via (571) 283-8300 on the date shown below.	
Dated: Sept 19, 2006	Signature:  (Jean Bove)